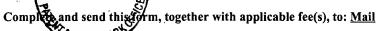
PART B - FEE(S) TRANSMITTAL



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appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSUE FEE an Patent, advance orders and n in Block I, by (a) specifying	nd PUBLICATION FEE (if requiportification of maintenance fees on a new correspondence address	will be mailed to the current; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
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20999 7:	590 10/20/2004		have its own certificat	te of mailing or transmission.	
745 FIFTH AVEN NEW YORK, NY	10151		I hereby certify that the States Postal Service addressed to the Matransmitted to the USI		ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
26/2005 SSITHIB2 00000089 09902281			Chiarle	s Jack	_Son (Depositor's name)
C:2501 C:1504	700.00 OP 300.00 OP		Janua	ary 21, 2005	(Signature) (Date)
C:8001 APPLICATION NO.	9.00 OP FILING DATE	FIDETNIAN	MED INVENTOR		CONFIRMATION NO.
	L			ATTORNEY DOCKET NO.	<u> </u>
09/902,281 TITLE OF INVENTION: E	07/10/2001 ELECTROTHERAPY DEVI		Conor Minogue	660057-2000	8686
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	01/21/2005
EXAM	MINER	ART UNIT	CLASS-SUBCLASS]	
BOCKELM	IAN, MARK	3762	607-048000		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
"Fee Address" indica PTO/SB/47; Rev 03-02	or more recent) attached. Us	e of a Customer 2 regist	no name will be printed.	3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	or more recent) attached. Us	e of a Customer 2 regist	no name will be printed.	3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	O RESIDENCE DATA TO Be san assignee is identified be n 37 CFR 3.11. Completion	e of a Customer 2 regist listed, r BE PRINTED ON THE PATE elow, no assignee data will a of this form is NOT a substitu	no name will be printed. ENT (print or type) Appear on the patent. If an assignate for filing an assignment.	nee is identified below, the	document has been filed for
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"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Bio-Med Please check the appropriate 4a. The following fee(s) are X Issue Fee X Publication Fee (No s X Advance Order - # or 5. Change in Entity Status a. Applicant claims S	O RESIDENCE DATA TO Be a san assignee is identified be a 37 CFR 3.11. Completion IEE i cal Researc e assignee category or category enclosed: small entity discount permitted for Copies 3 s (from status indicated above CMALL ENTITY status. See	2 regist listed, r BE PRINTED ON THE PATE elow, no assignee data will a of this form is NOT a substitut (B) RESIDE h Ltd. Park Galv ories (will not be printed on the p	no name will be printed. ENT (print or type) suppear on the patent. If an assignate for filing an assignment. NCE: (CITY and STATE OR CO CMOTE Business Vay, Ireland e patent): Individual x 2 C of Fee(s): ck in the amount of the fee(s) is enent by credit card. Form PTO-203 Director is hereby authorized by account Number 50-032 policant is no longer claiming SMA fany) or to re-apply any previous one other than the applicant; a reg	Park West Corporation or other private granclosed. 8 is attached. Charge the required fee(s), or the control of	roup entity Government r credit any overpayment, to copy of this form). CFR 1.27(g)(2). cation identified above, the assignee or other party in

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